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Cognitive Control in Late-Life Depression: Response inhibition deficits and dysfunction of the Anterior Cingulate Cortex

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Abstract

Objectives—Geriatric depression is associated with frontolimbic functional deficits, and this frontal dysfunction may underlie the marked executive control deficits often seen in this population. Our goal was to assess the integrity of frontal cortical functioning in geriatric depression while these individuals performed a standard cognitive control task. The N2 component of the event-related potential (ERP), an evoked response generated within the anterior cingulate cortex (ACC), is significantly enhanced when non-depressed individuals successfully inhibit a response, providing an excellent metric of frontal inhibitory function.

Design—We used a variant of a demanding Go/NoGo task-switching paradigm that required participants to inhibit response execution during NoGo trials by overcoming a potent response tendency established by frequent Go trials.

Participants—We compared a cohort of depressed geriatric outpatients (n=11) with a similarly aged group of non-depressed participants (n=11).

Measurements—Reaction times, accuracy and high-density ERP recordings from a 64-channel electrode montage were obtained.

Results—A significantly enhanced N2 to NoGo trials was observed in non-depressed elderly participants, with generators localized to the ACC. In contrast, this enhancement was strongly reduced in the depressed sample. Source-analysis and topographic mapping pointed to a

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displacement of N2 generators towards more posterior areas of the middle frontal gyrus in depressed subjects.

Conclusions—Findings confirm previous reports of an inhibitory control deficit in depressed elderly who show significantly increased rates of commission errors (i.e., failures to inhibit responses on NoGo trials). Electrophysiological data suggest underlying dysfunction in ACC as the basis for this deficit.

Keywords

Aging; Geriatric; Elderly; Depression; N2 component; ERP; Executive control; Anterior Cingulate Cortex; ACC; EEG; Response Inhibition

Introduction

Geriatric depression has been associated with fronto-striatal abnormalities that are thought to lead to the executive control deficits often observed in this population^{1,2}. Neuroimaging studies have shown structural abnormalities in fronto-striatal regions in depressed elderly with executive control deficits³⁻⁵. For example, Murphy et al.³ reported white-matter integrity deficits in the general vicinity of the cingulate cortex and nearby prefrontal regions that predicted performance deficits on the Stroop task in patients with geriatric depression. Functional neuroimaging studies have suggested that activation of the anterior cingulate cortex (ACC), a major node of the executive control circuit, may be particularly affected in geriatric depression^{6,7}. Various neural models of executive functioning implicate the ACC in cognitive control^{8,9} and it has been consistently shown to play a central role in response inhibition^{10, 11, 12}. In turn, deficits in response inhibition have been linked to poor treatment response to antidepressant medications in depressed elders¹³.

Variants of the Go/NoGo task paradigm are among the tasks used to interrogate the integrity of these response inhibition mechanisms in clinical populations. The Go/NoGo task requires subjects to overcome a potent response tendency established by frequent Go trials in order to successfully inhibit response execution during NoGo-trials. When non-depressed participants make successful inhibitions to NoGo trials, the N2 component of the event-related potential (ERP) is significantly enhanced compared to Go-trials¹⁴⁻¹⁶. This relative difference in N2 amplitude (termed the *N2-effect* hereafter) is used as an index of the integrity of inhibitory control mechanisms. Further, as human studies¹⁷ and intracranial recordings in non-human primates¹⁸ suggest that the ACC is a major generator of the N2, the *N2-effect* can also be interpreted as an index of ACC functional integrity.

Although the neuroimaging results detailed above suggest that there are both structural and functional deficits in ACC in geriatric depression, the few electrophysiological studies of depression using Go/NoGo tasks have not yielded a consistent pattern of results¹⁹⁻²¹ despite behavioural results that show clear deficits in inhibitory control in this population²². For example, Zhang et al.²⁰ reported a robust N2-enhancement of similar amplitude in both patients suffering from late-life depression and non-depressed subjects. Ruchow et al.²¹ investigated a middle-aged group (mean age = 40.1 years) of depressed patients in partial remission and found larger absolute N2 amplitude for NoGo-trials in their depressed cohort. A key distinction here though is between absolute N2 amplitude and the relative difference in N2-amplitude between Go and NoGo trials (i.e. the *N2-effect*). In this regard, Ruchow and colleagues found that the *N2-effect* was minimal, if not absent, in both their depressed and non-depressed participants. Kaiser et al.¹⁹, conversely, found decreased absolute N2 amplitude for NoGo-trials in depressed middle-aged participants (mean age = 40 years). Differences in age and severity of depression may have contributed to the conflicting results across these three studies and thus there is a clear need for clarification.

The present study used high-density electrical mapping of event-related potentials (ERP) to test for deficits in inhibitory control in late-life depression. A task-switching paradigm was implemented involving response execution (Go) and response withholding (NoGo). Topographical mapping and source localization were used to investigate the spatiotemporal characteristics and neural generators of the *N2-effect* in late-life depression.

Methods

Participants

Eleven non-demented, depressed patients (six male) with non-psychotic major depression (by SCID, DSM-IV; and a 24-item baseline Hamilton Depression Rating Scale [HDRS; score of 17 or higher]) participated in this study. Of the eleven patients diagnosed with MDD, four were taking selective serotonin reuptake inhibitors. Mean age of the patient group was 73.4 years. Eleven non-depressed community dwelling participants (five male) without a history of psychiatric illness served as a comparison group (average age of 73.1 years). The non-psychiatric comparison group was screened with the Geriatric Depression Scale (GDS)²³ and an exclusion criterion was set at a GDS score > 6. These participants were not assessed with the HDRS. Cognitive function in the depressed and non-depressed comparison group was assessed with the Mini-Mental Status Exam (MMSE)²⁴. Exclusion criteria included a MMSE score < 26 and corrected vision that was worse than 20/40. All subjects signed informed consent and the Institutional Review Board of the Nathan Kline Institute for Psychiatric Research approved all the procedures in accordance with the tenets of the Declaration of Helsinki.

Stimuli

We presented letter-number pairs as stimuli in this experiment, identical to those employed by Wylie and colleagues²⁵⁻²⁷. The letters were drawn from a set containing four vowels (A E I U) and four consonants (G K M R). The numbers were drawn from a set containing four even numbers (2 4 6 8) and four odd numbers (3 5 7 9). On every trial, one letter and one number were randomly chosen with the constraint that neither the letter nor the number was the same as those presented on the previous trial. One of these characters was presented 1° to the left of central fixation and the other was presented 1° to the right of fixation (this was randomly determined). All stimuli subtended 1.6° in the horizontal plane and 1° in the vertical plane (duration = 120 ms). The stimulus onset asynchrony (SOA) was 2000 ms. The stimuli were colored: for three trials in a row, they were red, for the next three they were purple, for the next three they were red, and so on. In total, 150 stimuli were presented in a single block of trials.

Behavioral Task & Analysis

The experimental paradigm used in this study was originally instituted to investigate another aspect of cognitive control, namely task-switching, but this task allows for a straightforward assessment of response-inhibition mechanisms without any explicit modification. For three trials in succession, the stimuli were colored red, and for the next three they were colored purple. This triple-alternating sequence was repeated throughout the experiment. When the stimuli were presented in red, participants were instructed to attend to the letter and respond (Go) when a vowel was present. When the stimuli were purple, participants were instructed to attend to the number and respond (Go) when an even number was present. Otherwise, they were instructed to withhold a response (NoGo).

The colors of the alphanumeric stimuli were counterbalanced (50/50) throughout the experiment. Participants responded by pressing a button with their right forefinger. As participants responded, accuracy (in the form of hits and correct rejection) and response time

were recorded. Accuracy and response time were analyzed using independent-sample *t*-tests between groups.

ERP Recordings & Analysis

High-density event-related brain potentials (ERPs) were acquired using the Neuroscan Synamp I system from a 64 channel scalp montage (impedances <5 k Ω), referenced to an electrode on the nosetip, band-pass filtered (between 0.05 and 100 Hz), and digitized at 500 Hz. Epochs of 700 ms were employed including a 100 ms pre-stimulus baseline. Trials with blinks and eye movements were rejected offline on the basis of vertical and horizontal EOG. An automatic artefact rejection criterion of $\pm 70\mu\text{Vs}$ was used for all other scalp recordings. The grand average was subsequently low-pass filtered at 40 Hz (48dB/Octave) and high-pass filtered at 1.6 Hz (6 dB/Octave). N2 amplitude was measured at electrode position AFz, AF3/AF4, and FP1/FP2. The *N2-effect* was statistically assessed by applying Analysis of Variance (ANOVA) to peak amplitude measures in a time window spanning from 250-350 ms and derived from the fronto-central scalp site AFz where visual inspection showed that the *N2-effect* was at its strongest in our data. The ANOVA was calculated with the between-subject factor *Group* (depressed versus non-depressed participants) and the within-subject factor *Trial* (Go versus NoGo). It is important to note that only trials on which subjects performed successfully were included in the ERP analysis. That is, trials upon which commission errors were made or targets missed were excluded from this analysis.

Topographic voltage maps

Scalp topographic maps in the present study represent interpolated voltage distributions, derived from 64-scalp measurements. These interpolated potential maps are displayed on the 3-D reconstruction of a rendered scalp surface (derived from an anatomical MRI) as implemented in the BESA2000 (Ver. 5.0) multimodal neuroimaging analysis software package (MEGIS Software GmbH, Munich, Germany).

Statistical cluster plot

For exploratory purposes, point-wise two-tailed *t*-tests for the Go-ERP and NoGo-ERP (between groups) and between Go-ERP and NoGo-ERP (within groups) were calculated at each time-point for all electrodes. The results of the point-wise *t*-tests from 64 electrodes are displayed as an intensity plot to efficiently summarize and facilitate identification of differences within and between groups in the onset and general topographic distribution of differential activation associated with the Go-ERP and NoGo-ERP. The x-, y-, and z- axes, respectively, represent time, electrode location, and *t* test result (indicated by a color value) for each data point. This approach offers a statistical cluster plot^{28,29} identifying differences between depressed and non-depressed participants in general scalp distribution and onset of differential ERP-response across the entire epoch. We are aware that conclusions based on statistical cluster plots are undermined due to the large number of *t* tests calculated across the electrode montage and recording epoch. In the present data treatment, periods of significant difference were only plotted if an alpha criterion of 0.05 or less was obtained and then only if this criterion was obtained for at least 11 consecutive data points (> 22ms at a 500Hz digitization rate - see^{30,31} for similar approaches).

Source model

We used Brain Electric Source Analysis software (BESA 5.1. software^{32,33}) for source modeling. The main premise of this software is that an observable deflection in the EEG recording is related to a change in the local activity of a particular brain region. Therefore, a component can be defined as the part of the scalp waveform that results from the compound

local activity of a circumscribed brain region³². BESA employs a least squares fitting algorithm, over which the user has interactive control. Source localization involves searching within the head model for a location where the sources can explain a maximal amount of variance³⁴. Here, we proceeded by using dipoles that were freely fitted. Note, that in dipole source analysis the modeled dipoles represent an oversimplification of the activity in the areas and should be considered as representative of centers of gravity of the observed activity rather than an exact localizations of generators^{17,29,35}.

Results

Table 1 shows reaction time (RT) and accuracy (hits and false alarms) data for both groups. Mean RT for depressed (766 ms) and non-depressed participants (789 ms) in Go trials did not differ from each other ($t_{20} = 0.82$, $p = 0.96$). However, the depressed participants showed a significantly reduced hit rate ($t_{20} = 9.7$, $p < .0001$) and increased false alarm rate ($t_{20} = -3.1$, $p < .01$) when compared to the non-depressed subjects.

Figure 1 displays the ERP in Go and NoGo trials for both depressed and non-depressed groups at frontal electrode sites. The earliest difference in ERP activity between Go and NoGo trials can be seen within the N2 time frame from 250 to 350 ms. Here, an enhanced N2 amplitude in NoGo trials compared to Go trials was evident for the non-depressed group. In contrast, for the depressed group this N2-difference was minimal at best. A 2-way ANOVA assessing the N2-effect at electrode site AFz confirmed a significant Group by Trial interaction ($F_{1,19} = 6.94$, $p < .016$).

A pair of protected follow-up t-tests revealed significantly enhanced N2 amplitude to NoGo trials for the non-depressed group ($t_{10} = 6.3$, $p < .0001$). In contrast, there was no such *N2-effect* for the depressed group ($t_{10} = 1.3$, $p = .42$). Figure 2 presents a statistical cluster plot marking onset and topographical distribution of ERP modulations between Go and NoGo trials in depressed and non-depressed participants. Only the non-depressed group demonstrated the *N2-effect* seen as a first cluster of differential activation (onset marked by a vertical white line) at approximately 310 ms over frontal scalp region. A second cluster of activation starting at approximately 400 ms and extending to fronto-parietal areas is evident in both depressed and non-depressed participants, although much attenuated in the latter.

Figure 3 (upper panel) illustrates scalp potential maps for the *N2-effect* at peak latency for geriatric depressed and non-depressed participants. The distribution in non-depressed participants revealed a confined maximum over fronto-polar scalp regions. In contrast, the depressed group showed a far less defined topography with a broader maximum spreading over central scalp regions.

Figure 3 (lower panel) illustrates source localization analysis in each group carried out over the maximal N2 time-window from 250 to 350 ms, where significant differences between Go and NoGo conditions were observed in non-depressed participants. Source analysis was performed for the N2 component in NoGo trials and not on the *N2-effect*. This was done because there was no significant *N2-effect* in our depressed sample. To be able to perform source analysis in both groups we chose to localize the N2 component. Source analysis was achieved with three dipoles in each group (Figure 3). The first step of the fitting procedure required the use of a pair of symmetric dipoles. A freely fitted third dipole was added to the model in the second step. The entire model was then tested for stability. The positions of the symmetric dipoles in both samples indicated a similar location in bilateral medial temporal gyrus (MTG). The location of the third dipole was however different in the two groups: for the non-depressed group, this dipole was located in the ACC, while for the depressed group this third dipole was located in the medial frontal gyrus (MFG) in Brodmann's Area 6, near

the posterior cingulate gyrus and in the vicinity of the Supplementary Motor Area (SMA). The Source Analysis procedure for the depressed group produced a goodness-of-fit value of 98.6% (residual variance = 1.4%) across the specified time window. The model derived for the non-depressed group produced a goodness-of-fit value of 90% (residual variance = 10%). The addition of a test dipole to the original dipole solution did not significantly affect the explained variance, suggesting that three dipole sources provided an optimal solution across the epoch.

Discussion

The principal finding of the current study is that patients suffering from geriatric depression displayed a much-attenuated *N2-effect* when compared to non-depressed elders. Source-analysis and topographic mapping pointed to a predominantly midline frontal generator of this *N2-effect*, which was localized to the Anterior Cingulate Cortex (ACC) in the non-depressed group. In contrast, there was an apparent displacement of N2 generators towards more posterior areas of the middle frontal gyrus in the depressed group. There is substantial support from source-localization studies^{17,36,37} and from intracranial recordings in non-human primates¹⁸ that the N2 is generated in large part within the ACC, and as such, the results here suggest a specific involvement of the ACC in the inhibitory response deficits seen in depressed elders. The presence of a deficit in inhibitory control in this depressed elderly group was also evidenced by their significantly increased rate of commission errors. Our data suggest that the deficit might be attributed to a diminished contribution of specialized brain regions, with the depressed group less able to engage the relevant neural circuits associated with inhibitory control^{16,38-40}.

As outlined in the introduction, electrophysiological studies of inhibitory control deficits in midlife and late-life depression using the Go/NoGo task have provided inconsistent results¹⁹⁻²¹. Previous studies have either found significant *N2-effects* of similar amplitude between groups²⁰ or diminished, non-significant ones in both, depressed and non-depressed participants²¹. Here we report a strongly reduced *N2-effect* in geriatric depressed compared to non-depressed participants. It is possible that some of this inconsistency stems from design differences between studies. For instance, one major difference in the present study is that we asked participants to perform a Go/NoGo-task in the context of an ongoing task-switching paradigm. Given the second level of task-demand inherent in our study, there is significantly greater cognitive “overhead” under the present design than in the previous studies and this is borne out if one examines the average RTs reported in each of those studies. That is, in comparison to previous studies, RTs here are approximately 400 ms longer and P300 latency is also about 100 ms later in the present study, bearing out the fact that task-load under the current design was considerably higher. As such, control processes were likely taxed to a much greater degree in this study and this may have resulted in a relative unmasking of the inhibitory deficits in the depressed group. The only other ERP study using a Go-NoGo task with a focus on geriatric depression found a robust *N2-effect* of similar amplitude in both depressed and non-depressed participants²⁰. The groups of geriatric depressed in both studies are comparable in age and severity of depression. However, Zhang and colleagues²⁰ used a very basic visual Go-NoGo task that had only a single task-dimension. Average RTs in their study were approximately 370 ms for both groups as opposed to 750 ms here. One clear implication is that response inhibition circuits may operate normally or near-normally under low-task demands in depressed elderly but that they are highly susceptible to failure when task demands increase. A systematic study of the effects of task-demand will be needed to assess this hypothesis.

In addition to the well-established role of the ACC in cognitive control, there is also accumulating evidence for a role for the ACC in mediating antidepressant treatment

response of depression^{2,41,42}. For example, in a pre/post antidepressant treatment trial where escitalopram was administered over a 12-week controlled period, Gunning et al.⁴² reported that patients who failed to remit also had smaller dorsal and rostral ACC gray matter volumes. Aizenstein et al.⁴¹ also showed pretreatment diminished activity in the dorsolateral PFC and diminished functional connectivity between dorsolateral PFC and dorsal ACC. In a similar vein, Alexopoulos et al.² studied evoked potentials related to error commission in a depressed sample of older adults and reported patients who remained symptomatic after 8 weeks of treatment showed significantly larger baseline error-related negativity (ERN) and diminished Error Positivity (Pe) relative to those patients who achieved remission after a treatment trial of 10 mg of escitalopram daily. The two response-locked evoked potentials were studied during an emotional go/no-go challenge, a task known to activate the rostral anterior cingulate. The ERN is thought to be elicited during conflict detection and the Pe in turn is thought to reflect the subsequent emotional evaluation/reaction to an error. Thus, these findings suggest that two distinct conflict-processing functions of the anterior cingulate are important for antidepressant response in geriatric depression, and that dysfunction in the ACC may underlie the common finding that many patients with late-life depression are resistant to standard antidepressant treatments.

Conclusions

While structural neuroimaging studies have consistently pointed to dysfunction in the ACC as an important neural substrate in geriatric depression, electrophysiological studies of ACC function have been considerably less consistent in their findings. Here, using a well-characterized and highly challenging task-switching design, we assessed response inhibition mechanisms in the ACC as reflected by the N2 ERP component and the *N2-effect*. Our data suggest clear differences between non-depressed elderly participants and those suffering from late-life depression, in that non-depressed participants showed a robust *N2-effect* whereas this effect was absent in the depressed cohort. These data suggest functional deficits in the ACC during response inhibition processes and suggest that these deficits in depressed subjects may only become apparent under high-load conditions when this system is particularly taxed.

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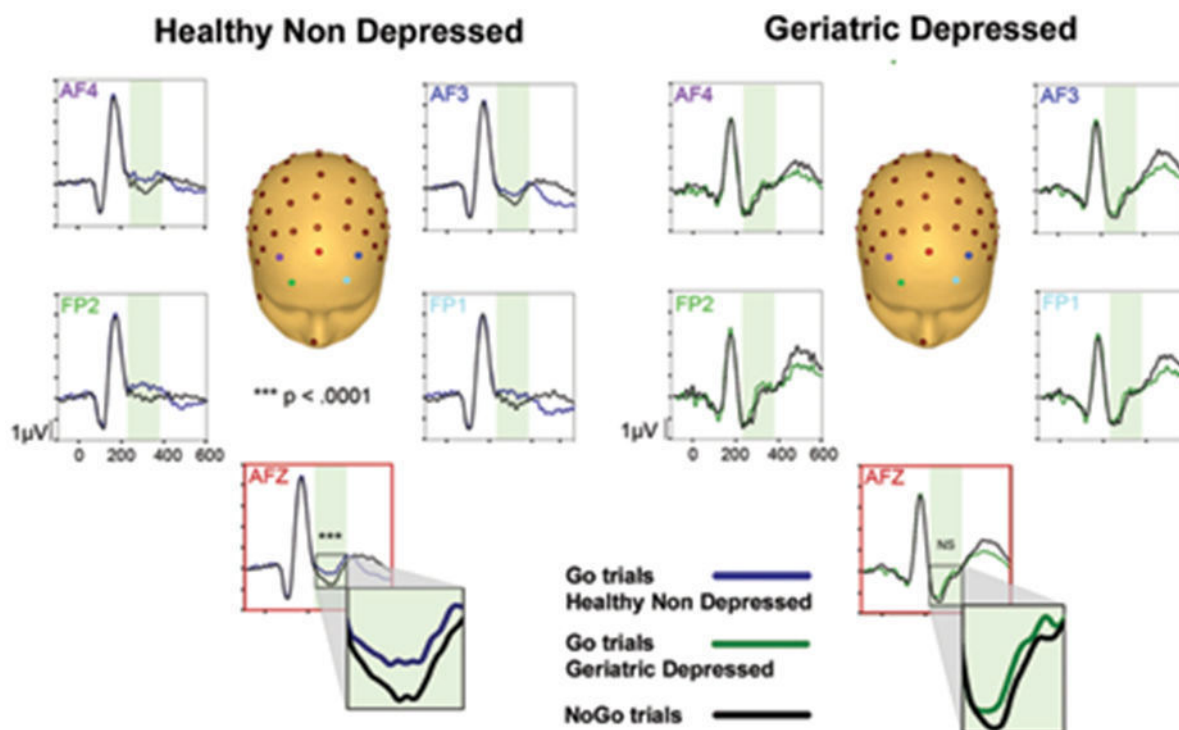


Figure 1.

Grand mean ERPs for depressed and non-depressed groups at electrode sites AFz, AF3, AF4, FP1 and FP2. The N2 enhancement seen in the non-depressed group (left, bottom panel) is substantially reduced for the depressed group (right, bottom panel).

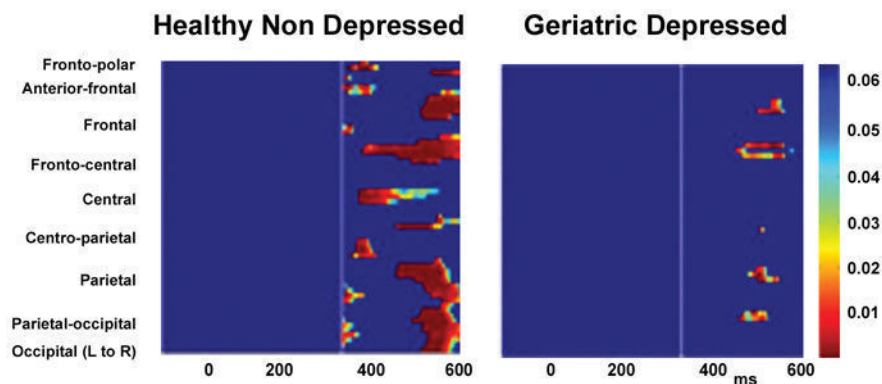


Figure 2.

Statistical Cluster Plots. Color values indicate the result of pointwise, t -tests evaluating differences between Go- and NoGo-trials evoked activity across time (x -axis) and electrode positions (y -axis) for the entire 64-electrode montage. For clarity, only p values $< .05$ are color encoded. An early cluster at about 300 ms over the anterior frontal region indicating the N2 enhancement is present in non-depressed participants and absent for the geriatric depressed. A second cluster starting at about 400 ms spreading across frontal to occipital regions is seen in non-depressed participants and also in an attenuated form in the depressed group.

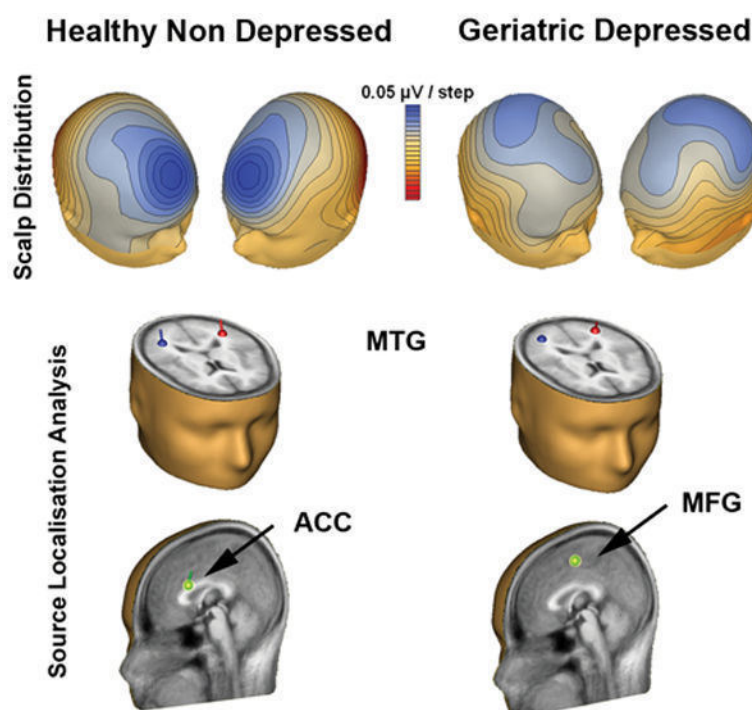


Figure 3.

Topographic mapping of spline-interpolated potential distributions are plotted at the peak of the N2 effect for non-depressed comparison and geriatric depressed groups. A clear defined distribution with a maximum over fronto-polar scalp region is evident in non-depressed participants. In contrast, geriatric depressed show a broader less defined maximum spreading over central scalp regions. Source solutions for a 250-350 ms time window for both the non-depressed and depressed groups are displayed. The middle row shows a coronal view of two free-fitting dipoles (in red and blue) for non-depressed participants and patients, respectively. Dipoles were localized to the Medial Temporal Gyrus (MTG) within 3mm circumference of nearest grey matter for both groups. The bottom row displays the sagittal view of the third dipole moment (green) for non-depressed and depressed groups. The dipole for the non-depressed group was localized to the anterior cingulate cortex (ACC) whereas the dipole for the depressed group was localized more posteriorly within the medial frontal gyrus (MFG), in the vicinity of the Supplementary Motor Area (SMA).

Table 1
Demographics, Screening Test Scores, and Performance Measures

Characteristic	<i>Health Non Depressed (N=11)</i>		<i>Geriatric Depressed (N=11)</i>	
	Means	SD	Mean	SD
Age (years)	73.1	5.36	73.4	7.04
Education (years)	15.1	2.47	16.4	2.61
HDRS *	N/A	N/A	20	4.51
GDS **	4.2	0.9	N/A	N/A
MMSE ***	28	1.21	28	2.91
False A. in %	3.86	2.2	11.1	8.3
Hits in %	65.4	7.8	43.4	5.8
RT in ms	789	88.0	766	117.1

*
 24 item Hamilton Depression Rating Scale

**
 Geriatric Depression Scale

 Mini-Mental Status Exam

This Student has filed a
Waiver of His/Her Right of
Access to this Evaluation

Premedical Advisory Committee
SUNY - College at Old Westbury
Box 210 Room S222
Old Westbury, New York 11568

Dear Prof. Remeza _____,

(Student) Richard Katz is now, or eventually plans to apply
for admission to:

Medical School <input checked="" type="checkbox"/>	Optometry School
Dental School	Podiatry School
Osteopathy School	Other

Since you have taught this student, and are familiar with his/her academic work, we are requesting your evaluation of him/her. Please comment on as many aspects of this student's abilities and qualifications as possible including the following. Use an additional page if necessary.

1. How long, how well, and in what capacity have you known the student?

2 years - As a Student

2. How would you rate the applicant on such academic qualities as,

	Outstanding	Above Average	Average	Below Average
Overall Scholastic Ability	<input checked="" type="checkbox"/>			
Originality		<input checked="" type="checkbox"/>		
Independence	<input checked="" type="checkbox"/>			
Industry and Perseverance	<input checked="" type="checkbox"/>			

Comments (if any):

3. How would you rate the applicant on such personal qualifications as,

	Outstanding	Above Average	Average	Below Average
Reliability	<input checked="" type="checkbox"/>			
Integrity	<input checked="" type="checkbox"/>			
Maturity and Judgement	<input checked="" type="checkbox"/>			
Relations with Others	<input checked="" type="checkbox"/>			

Comments (if any):

received
JAN 03 2000

4. In what areas has this student demonstrated excellence?

Richard was an extremely capable student. He was a "contributor" in class. Always prepared. Among a large number of students Richard stood out.

5. Can you comment on this student's motivation and suitability to serve as a health professional?

Richard has the personality and the ability to be both a successful student as well as a practitioner. He would most certainly be an asset to the medical profession.

6. Please rank this student on the following scale by circling the appropriate number:

1	2	3	4	5
Highest 5%	Next 10%	Next 15%	Next 20%	Lowest 50%

The committee thanks you for your assistance. Please sign and date this form below.

Signature Virgilysa Perez Date 10/10/97

Name (Print or Type) _____

Title _____

Address Biology Department
SUNY Old Westbury

This Student has filed a
Waiver of His/Her Right of
Access to this Evaluation

Premedical Advisory Committee
SUNY - College at Old Westbury
Box 210 Room S222
Old Westbury, New York 11568

Dear Prof. Colaneri,

(Student) Richard Katz is now, or eventually plans to apply
for admission to:

Medical School <input checked="" type="checkbox"/>	Optometry School
Dental School	Podiatry School
Osteopathy School	Other

Since you have taught this student, and are familiar with his/her academic work, we are requesting your evaluation of him/her. Please comment on as many aspects of this student's abilities and qualifications as possible including the following. Use an additional page if necessary.

1. How long, how well, and in what capacity have you known the student?

*Mr. Katz was in my Gen Phys I Lab, Fall '96
and in my Gen Phys II Lab, Spring '97.*

2. How would you rate the applicant on such academic qualities as,

	Outstanding	Above Average	Average	Below Average
Overall Scholastic Ability	<input checked="" type="checkbox"/>			
Originality		<input checked="" type="checkbox"/>		
Independence	<input checked="" type="checkbox"/>			
Industry and Perseverance	<input checked="" type="checkbox"/>			

Comments (if any):

*Mr. Katz is an extremely
intelligent person.*

3. How would you rate the applicant on such personal qualifications as,

	Outstanding	Above Average	Average	Below Average
Reliability	<input checked="" type="checkbox"/>			
Integrity		<input checked="" type="checkbox"/>		
Maturity and Judgement	<input checked="" type="checkbox"/>			
Relations with Others		<input checked="" type="checkbox"/>		

Comments (if any):

received
JAN 03 2000

4. In what areas has this student demonstrated excellence?

Mr. Katz was very proficient in the lab course material. He was able to grasp the concepts very quickly. Mr. Katz was a very serious ~~about~~ student when it came to the course material, but had a very easy going and friendly manner in dealing with others in the class. Overall, he is a very mature person with well defined goals.

5. Can you comment on this student's motivation and suitability to serve as a health professional?

I think Mr. Katz is both highly motivated & very suited to be a health professional. The thing that struck me was his very efficient use of time both in the lab and outside. I believe he was holding down a job at the same time as attending school.

6. Please rank this student on the following scale by circling the appropriate number:

(1)	2	3	4	5
Highest 5%	Next 10%	Next 15%	Next 20%	Lowest 50%

The committee thanks you for your assistance. Please sign and date this form below.

Signature Michael J. Colaneri Date 10/9/97

Name (Print or Type) Michael J. Colaneri

Title Assistant Professor

Address Dept. Chemistry & Physics

This Student has Filed a
Waiver of His/Her Right of
Access to this Evaluation

Premedical Advisory Committee
SUNY - College at Old Westbury
Box 210 Room S222
Old Westbury, New York 11568

Dear Prof. Linn _____,

(Student) Richard Katz is now, or eventually plans to apply
for admission to:

Medical School <input checked="" type="checkbox"/>	Optometry School
Dental School	Podiatry School
Osteopathy School	Other

Since you have taught this student, and are familiar with his/her academic work, we are requesting your evaluation of him/her. Please comment on as many aspects of this student's abilities and qualifications as possible including the following. Use an additional page if necessary.

- How long, how well, and in what capacity have you known the student?
Richard was a student in my Sophomore Illustration Concepts classes at Parsons School of Design, Fall '89-Spring '90. I worked with him in Drawing during his Jr. and Sr. years. In May '97 we discussed his experience and development since Parsons.
- How would you rate the applicant on such academic qualities as,

	Outstanding	Above Average	Average	Below Average
Overall Scholastic Ability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Originality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Independence	<input checked="" type="checkbox"/>			
Industry and Perseverance	<input checked="" type="checkbox"/>			

Comments (if any): At Parsons I saw and worked with a very talented down-to-earth and tenacious artist and thinker. Richard developed substantial creative, as well as, problem solving skills and a personal and expressive visual vocabulary. He enjoyed communicating with others very much, and impressed me with his ability to encourage fellow students to participate at critiques.

- How would you rate the applicant on such personal qualifications as,

	Outstanding	Above Average	Average	Below Average
Reliability	<input checked="" type="checkbox"/>			
Integrity	<input checked="" type="checkbox"/>			
Maturity and Judgement	<input checked="" type="checkbox"/>			
Relations with Others	<input checked="" type="checkbox"/>			

Comments (if any): At our May '97 meeting I was impressed with Richard's maturity, clarity and focus. His aspirations to Medical School seemed well considered and admirably, as well as practically, thought out.

RECEIVED
JAN 03 2000

4. In what areas has this student demonstrated excellence? Creative problem solving as well as artistic ability are strong areas for Richard. I was impressed, recently, with the easy yet focused flow of his conversation and his capacity to truly listen. He has a warmth and directness which make the exchange of ideas a pleasure, and productive at the same time. In my dealings with physicians I have found those traits to be of great importance. Richard's determination and work ethic are, as he has demonstrated through his art school as well as pre-med accomplishments, his areas of excellence.

5. Can you comment on this student's motivation and suitability to serve as a health professional?

While I cannot evaluate Richard's Science, as an artist his motivation, creativity, and ability to tackle and solve problems is clearly evident in his drawings, paintings, and collages. I trust Richard when he says he could be a good doctor. I would not be surprised if he became a great doctor. I base this on my experience with him in the classroom, his accomplishments after leaving Parsons School of Design, and our recent conversation. Vladimir Nabokov said, I've heard, the scientist needs to think like an artist and the artist needs to think like a scientist. That idea immediately came to mind for me as Richard explained to me his conviction that his life as an artist would enrich his life as a doctor.

Richard Katz is most highly motivated and the areas of strength exhibited in my classes as well as his professional and pre-med accomplishments indicate to me his suitability to excel as a health professional. I recommend him most highly.

6. Please rank this student on the following scale by circling the appropriate number:

1	2	3	4	5
Highest 5%	Next 10%	Next 15%	Next 20%	Lowest 50%

The committee thanks you for your assistance. Please sign and date this form below.

Signature Warren Linn Date June 1, 1997

Name (Print or Type) Warren Linn

Title Instructor Parsons School of Design 2 W. 13th St 11th fl, NY, NY 10011

Address Studio: 4915 Broadway #2A NY, NY 10034

Illustration Dept.

This Student has Filed a
Waiver of His/Her Right of
Access to this Evaluation

Premedical Advisory Committee
SUNY - College at Old Westbury
Box 210 Room S222
Old Westbury, New York 11568

Dear Prof. Denzinger _____,

(Student) Richard Katz is now, or eventually plans to apply
for admission to:

Medical School <input checked="" type="checkbox"/>	Optometry School
Dental School	Podiatry School
Osteopathy School	Other

Since you have taught this student, and are familiar with his/her academic work, we are requesting your evaluation of him/her. Please comment on as many aspects of this student's abilities and qualifications as possible including the following. Use an additional page if necessary.

- How long, how well, and in what capacity have you known the student?
RICHARD KATZ ATTENDED MY CLASS "COLLAGE" IN THE DEPARTMENT OF ILLUSTRATION AT PARSONS SCHOOL OF DESIGN IN 1990/91
- How would you rate the applicant on such academic qualities as,

	Outstanding	Above Average	Average	Below Average
Overall Scholastic Ability	<input checked="" type="checkbox"/>			
Originality	<input checked="" type="checkbox"/>			
Independence	<input checked="" type="checkbox"/>			
Industry and Perseverance	<input checked="" type="checkbox"/>			

Comments (if any): *RICHARD KATZ WAS, IN ADDITION TO THE ABOVE, SELF MOTIVATED - AND SERIOUS; ATTRIBUTES PARTICULARLY IMPORTANT FOR AN ARTIST.*

- How would you rate the applicant on such personal qualifications as,

	Outstanding	Above Average	Average	Below Average
Reliability	<input checked="" type="checkbox"/>			
Integrity	<input checked="" type="checkbox"/>			
Maturity and Judgement	<input checked="" type="checkbox"/>			
Relations with Others	<i>DON'T KNOW</i>			

Comments (if any):

received
JAN 03 2000

4. In what areas has this student demonstrated excellence? ^(MY) THE CLASS OF "COULAGE" (IN THE DEPARTMENT OF ILLUSTRATION) WAS PRIMARILY THOUGHT AS A FINE ARTS CLASS - EMPHASIS WAS GIVEN TO PICTORIAL COMPOSITIONS, MOST OF ALL FORM, COMPOSITION WHILE EXPERIMENTING WITH COULAGE. RICHARD EXTENDED IN ART. I HAD ENCOURAGED HIM TO BECOME A FINE ARTIST. HIS PERSONAL SENSIBILITY WAS SOON APPARENT. HE PRODUCED MANY NOTORABLE PIECES. HE ALSO WORKED SCULPTURE, PRODUCING SEVERAL MIXED MEDIA ASSEMBLAGES OF GREAT POWER.

5. Can you comment on this student's motivation and suitability to serve as a health professional?

I CAN ONLY COMMENT ON THE STUDENT'S MOTIVATION AS IN MAKING ART, WHICH, AS MENTIONED BEFORE, WAS EXCEPTIONAL. HE WAS ALSO ON TIME WITH HIS ASSIGNMENTS.

IN TERMS OF CONTENT HE SOMETIMES USED IMAGES FROM THE WORLD OF MEDICINE IN HIS ART, SHOWING CONCERN FOR THIS SUBJECT MATTER.

(AS I RECALL, HE HAD WORKED IN AN EMERGENCY SECTION AT A HOSPITAL AT THAT TIME).

6. Please rank this student on the following scale by circling the appropriate number:

1	2	3	4	5
Highest 5%	Next 10%	Next 15%	Next 20%	Lowest 50%

The committee thanks you for your assistance. Please sign and date this form below.

Signature Katharina Denzinger Date 5/1/1997

Name (Print or Type) KATHARINA DENZINGER

Title INSTRUCTOR / DRAWING / PRINTING / COULAGE

Address 25 CENTRAL PARK WEST / #19-0 / NEW YORK, NY 10023

12/21/99 12:35 FAX 718 288 7750

KINKO'S COPIES QUEENS

011/023

Elmhurst
HOSPITAL CENTERNew York City
Health and Hospitals Corporation
Affiliated with
Mt. Sinai School of Medicine

Noreen Kerrigan
Assistant Dean for Student Admissions
Albert Einstein College of Medicine
of Yeshiva University
Jack and Pearl Resnick Campus
1300 Morris Park Ave. Bronx,
New York 10461

September 29, 1997

SSN 055-70-7526

Dear Noreen Kerrigan:

It is my utmost pleasure to recommend Richard D. Katz for admission to the class of 2002. As an alumnus of Albert Einstein College of Medicine I feel he will add an individual approach to medicine that his instructors, and fellow classmates will find equally interesting. I have known Mr. Katz since his arrival to the Department of Emergency Medicine six years ago, in his capacity as a unit clerk. In that time I have found in him a blend of creative intellect and genuine compassion. His quest for the development of a "creative voice" led him initially to the arts, and I believe this to be one of his greatest assets as a future physician. He is likeable and intuitive in a work environment that is often very difficult when one considers situations that involve conflict and human suffering.

Elmhurst Emergency Department, is a designated Level One Trauma Center and Emergency Coronary Care Station. It is a 911 receiving hospital treating more than 116,000 cases each year, an average of over 300 visits each day. The Emergency Department provides care to a service area of approximately one million people through the diverse neighborhoods of Western Queens.

I sincerely believe that with this kind of exposure Mr. Katz has been seasoned beyond the scope of the average medical applicant. He has shown an enormous amount of character in what he has set out to do and has always remained consistent in the pursuit of his goals. It is for these reasons that I endorse his application for the 1998 entering class, and as an alumnus of Albert Einstein College of Medicine, I feel he will make great contributions to the field of medicine. If you have any questions please feel free to contact me Monday through Friday at (718) 334-3050.

Sincerely,

Donald Barton, M.D.
Associate Director
Department of Emergency Medicine

79-01 Broadway
Elmhurst, New York 11373
Tel: 718 334-4000

received
DEC 21 1999

StMatt 018

12/21/89 12:38 FAX 718 286 7750

KINKO'S COPIES QUEENS

@012/023

Robert M. Hoyt, Ph.D.
Department of Chemistry
SUNY Old Westbury
Westbury, NY 11568-0210

August 20, 1997

Dear Dr. Hoyt:

This letter is written in support of Mr. Richard Katz's application for admission to medical school. From May 1991 to November 1996, I had served as Mr. Katz's supervisor in the emergency department at Elmhurst Hospital Center.

Richard has been a very enthusiastic worker, and has often made useful suggestions for improving or streamlining functions in the department. He has a keen intellectual curiosity, and is interested in understanding the philosophy and policies on which our operation is based. Mr. Katz is helpful to patients and their families, and interacts well with co-workers. He is able to maintain a calm and professional demeanor in what often becomes a very hectic and sometimes hostile work environment. He diligently balances multiple tasks competing for his time and attention; he demonstrates this on a daily basis with his varied work assignments, and I'm aware (albeit remotely) that he does this with his multiple outside responsibilities as well.

In our conversations, Rich has demonstrated a wide fund of knowledge of cultural, political, and artistic subjects. I feel that his intelligence and curiosity would make him an excellent candidate for medical school, and that his caring and creativity will make him an excellent physician. I recommend him heartily.

Sincerely,

William D. Fasbender

William D. Fasbender

received
DEC 21 1998

StMatt 019

12/21/99 12:38 FAX 718 286 7750

KINKO'S COPIES QUEENS

018/023



The Mount Sinai Medical Center Department of Otolaryngology
 The Mount Sinai Hospital Box 1189
 Mount Sinai School of Medicine Tel (212) 241-5931
 One Gustave L. Levy Place Fax (212) 831-3700
 New York, NY 10029-6574

Noreen Kerrigan
 Assistant Dean for Student Admissions
 Albert Einstein College of Medicine of
 Yeshiva University
 Jack and Pearl Resnick Campus
 1300 Morris Park Ave. Bronx,
 New York 10461

October 22, 1997

Dear Noreen Kerrigan:

I am a recent graduate of the Albert Einstein College of Medicine and am currently doing my residency in Otolaryngology - Head and Neck Surgery at The Mount Sinai Medical Center. During the past six months, I have been working as part of the Trauma Team at Elmhurst Hospital Center. As you may imagine, I have spent a great deal of time in the emergency room in the most hectic of situations. It was under these conditions that I had the opportunity to meet Richard Katz, currently employed as a clerk at the Elmhurst Emergency Department. I was greatly impressed by Richard's ability to maintain his composure in difficult and stressful situations. He regularly stepped beyond his designated duties to assist the doctors and nurses to assure the best possible care is offered to each patient. What most impressed me however, was Richard's ability to interact closely with patients and offer comfort to even those in the dire most of conditions.

It was his mature, compassionate, and sympathetic manner which prodded me to question whether he had considered medicine as a career. That is when I discovered that he was in the process of applying to medical school. In addition to sharing with him the positive experiences I had at Albert Einstein, I felt it necessary to write this letter on Richard's behalf.

I believe that Einstein has always made a significant effort to look beyond scores and grades to find individuals who had potential to become exceptional and caring physicians. It is without hesitation that I affirm that Richard Katz is one of these individuals. I have had the unique opportunity to witness him work with patients and doctors for an extended amount of time. Richard possesses the personal maturity and dedication which medical schools search for as they comb through their many applicant files. I believe he will make an outstanding physician, and I am certain once the admission committee meets Richard, they will see this to be evident.

I would be honored to work along side Richard again, and even more so, to call him a fellow alumni. Please feel free to contact me if I can be of any further assistance (212) 241-5944.

Very truly yours,

Michael Cohen, M.D.
 Otolaryngology/Head and Neck Surgery
 Mount Sinai School of Medicine



StMatt 020

Elmhurst
HOSPITAL CENTER

New York City
Health and Hospitals Corporation
Affiliated with
Mt. Sinai School of Medicine

March 5, 1997

Dept. of Volunteer Services
Rm. A-1-26
Elmhurst Hospital Center
79-01 Broadway
Elmhurst, NY 11373

To whom it may concern:

I am writing to recommend Richard Katz as a candidate for entry into medical school. I became acquainted with Richard in January of 1996, when he joined the After School Program at Elmhurst Hospital Center as a volunteer. Subsequently, he has devoted an average of approximately one evening a week to working in the After School Program. Because he has been completing pre-med studies simultaneously with attendance in our program, Richard worked with us twice a week during periods when his school load was lighter, while lessening his participation during periods of heavy study and examinations.

The purpose of our program is to provide patients on our Child and Adolescent Psychiatric Units with positive adult role models and supportive relationships while assisting them in building academic and daily living skills. The patients are predominantly disadvantaged children and teenagers in need of urgent psychiatric treatment. Many have little to no family support and have experienced a lifetime of abuse and neglect. They spend anywhere from weeks to months living within the confines of a psychiatric unit. Because of his experience and ability as a professional artist, Richard's interactions with the patients primarily involved the supervision of group art projects with teenagers on the adolescent unit.

Through his work on the unit, Richard displayed skill and patience in his interactions with the children, and a relaxed, calm attitude when dealing with this often difficult population. As coordinator of the program and the person responsible for assigning volunteers to work with specific patients, I was always confident in Richard's ability to be sensitive to and manage the most challenging children. In addition, he showed an intuitive capacity for engaging the children in artistic projects, and was able to persuade them to explore and express their creativity despite their often crippling issues of self-esteem. By focusing on process and expression as opposed to end product, Richard encouraged the kids to work artistically in a freer, more abstract way. Frequently, these cooperative efforts culminated in artworks of extreme beauty and originality of which the entire group was intensely proud.

79-01 Broadway
Elmhurst, New York 11373
Tel: 718 334-4000



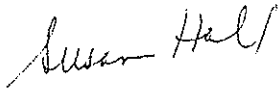
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Elmhurst
HOSPITAL CENTER

New York City
Health and Hospitals Corporation
Affiliated with
Mt. Sinai School of Medicine

Richard is an intelligent, likeable and responsible person. I am sure he would be an asset to your program, and will make a fine physician. If you have any questions or need further information, please contact me by leaving a message for me with my supervisor, Jayne Maerker, at (718) 334-5172, Monday through Fridays from 9 a.m.-5 p.m., or call (718) 334-1908, beeper #11765, M-F, 4-8 p.m.

Sincerely,



Susan Hall
Coordinating Manager, After School Program

Elmhurst
HOSPITAL CENTER

New York City
Health and Hospitals Corporation
Affiliated with
Mt. Sinai School of Medicine

Robert M. Hoyte, Ph.D.
Department of Chemistry
State University of New York
Old Westbury, New York 11568-0210

October 17, 1997

Dear Dr. Hoyte:

I am writing this letter in support of Richard D. Katz's entrance to medical school. Richard was a volunteer in the Pediatric Mental Hygiene Clinic at Elmhurst Hospital Center in Elmhurst, New York from 1995-1996, serving as a play and creative therapist. I was impressed with Richard because not only was he a volunteer, but he was also an employee of Elmhurst Hospital in the Department of Emergency Medicine, while completing his pre-medical studies. Richard was particularly eager to satisfy the needs and the concerns of the Elmhurst community.

Richard was primarily responsible for meeting with two to three children for approximately one hour each week. These children were diagnosed with Attention Deficit Disorder with one child having ADD with Autistic traits. Richard was able to implement innovative weekly art projects, helping the children to develop interpersonal skills through play and art therapy. He was particularly effective in helping the children develop skills to control their impulsive behaviors enhancing social integration and self esteem.

By using his background as a professional artist Richard was able to utilize a more perceptive and innovative method of art as a form of therapy. He would administer such assignments as designing a board game or illustrating a past dream, all of which proved very enjoyable for the children. The works were very insightful from an interpretive point of view allowing entrance into the complicated worlds of these children. We are appreciative to Richard for his talented contribution to this program and are grateful for his service. I believe that Mr. Richard Katz will make an extremely sensitive and caring physician and I sincerely recommend him.

Please feel free to contact me should any questions arise at (718) 334-3826 during regular business hours.

Yours truly,



Victor Snyder, CSW
Social Work Supervisor II
Child and Adolescent
Mental Hygiene Clinic

received
JAN 03 2000

79-01 Broadway
Elmhurst, New York 11373
Tel: 718 334-4000

StMatt 023

Elmhurst
HOSPITAL CENTER

New York City
Health and Hospitals Corporation
Affiliated with
Mt. Sinai School of Medicine

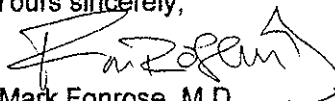
Dr. Robert Hoyte
Department of Chemistry
SUNY Old Westbury
Westbury, NY 11568-0210

September 3, 1997

Dear Dr. Hoyte:

It took me a moment to sit and reflect on a very interesting individual applying for the degree of medicine. I have known Richard Katz as a person who acts as the central nucleus helping to maintain normality in the Department of Emergency Medicine at Elmhurst Hospital Center in Queens, New York. Richard is informative and knowledgeable about emergency procedures, and goes beyond what is expected of him. He patiently contends with an environment that can often be chaotic and trying on the human spirit. He is quite passionate in his pursuit of medicine and extremely anxious to begin his medical studies. He has suggested to me that he would love to come back to the medically underserved area of Elmhurst and possibly be a Physician in this very hospital. As one of the attending's in the Emergency Department Richard is someone that I would enjoy teaching as a resident. He is perceptive and sensitive and is rich in emotional intelligence. What I find so interesting about Richard is a dedication that would allow him to achieve success in his pre-medical studies after coming from the polar opposite world of a visual artist. He represents an individual gifted in many areas, especially communication. He is someone that can be very useful to any medical school class and many can benefit by knowing him. As a Physician who participates in the teaching of residents please entrust my intuition that Richard Katz will make for a gifted, effective physician. If at all you need to contact me please feel free to call me at (718) 334-3054, or have me paged at (718) 334-1908.

Yours sincerely,



Mark Fonrose, M.D.

received
JAN 03 2000

79-01 Broadway
Elmhurst, New York 11373
Tel: 718 334-4000

StMatt 024

NORTH
SHORE
HEALTH
SYSTEM



PHYSICIAN MEDCENTERS, LLP

137-10 NORTHERN BOULEVARD, FLUSHING, NY 11354 • (718) 762-6640 • FAX: (718) 762-6635

18 June 1997

To whom it may concern:

It gives me much pleasure to write this letter of recommendation for Mr. Richard Katz. I have known Richard since my residency in Emergency Medicine, rotating through the Department of Emergency Medicine at Elmhurst Hospital Center. I have been discussing medicine with Richard up until present day now that I am an Attending at Elmhurst, as well as a managing partner of a multi-specialty group practice in Flushing, New York. If there has ever been an individual which personifies what medicine should be, it is Richard. I have observed him on a professional level and find him to have a very effective gift of communication this is apparent in the way Richard deals with the public. Elmhurst Emergency Department is a level one trauma center and a cardiac care station of Northern Queens, which responds to a multi-ethnic community. Richard is a member of the clerical staff who really works hard in representing the Hospital, acting as a liaison between patients, families and medical staff.

I find that Richard's character contains the ingredients necessary to becoming a Physician, which includes being focussed and a constant desire to learn. Richard supported himself while in school spending his whole weekend in the Emergency Department, working sometimes what amounted to a sixteen hour shift, and a twenty-six hour work weekend, this in addition to completing his Pre-Med prerequisites. I believe this kind of desire and dedication represents the fundamental components to success. Richard is a bright compassionate individual who is very motivated, and persistent in his pursuits. He has numerous didactic qualities which would make him a benefit to any entering medical school class and ultimately as a Physician. I highly recommend him and wish him the the best of luck in all of his endeavors, I remain,

Yours truly,

Scott J. Flashner, M.D.



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KINKO'S COPIES QUEENS

015/023

Eugene B. Feigelson, M.D.
Dean, College of Medicine
SUNY Health Science Center at Brooklyn
Office of Admissions
450 Clarkson Avenue
Box 60 M
Brooklyn, N.Y. 11203

November 19, 1997

Dear Dr. Feigelson,

I am writing this letter on behalf of Richard Katz in support of his application to medical school.

I first met Richard three years ago while I was working as an attending in the pediatric emergency room at Elmhurst Hospital Center and he was a registration clerk. Immediately I could see that Richard did more than just stamp forms and punch out data sheets. He would genuinely attempt to connect with every family that came through the door. If there was a language barrier, he would find a way to break through the barrier. If there was disgruntlement, he would play peacemaker. If someone needed assistance or a question answered, Richard would stop everything to provide the service. In other words, Richard was solicitous of the sick and the needy and was an important cog in the healthcare machine.

Now Richard wants to assume a more central role in caring for the sick by becoming a physician. I know that he would be a great physician, and likewise, I know he has what it takes to become one.

Richard has a sincere interest in the science of medicine as he would always ask me questions about the various children I was seeing in the emergency room. His questions were pertinent and focused and the more that I explained, the more he wanted to know.

Perhaps equally as important, Richard has already proven that he has a love and affinity for the art of medicine. His work in art therapy exemplifies this. In addition, his expertise as an artist will likely provide him with a focus in medicine that will be unique and a source of great inspiration.

As a graduate of SUNY Brooklyn myself, there are no doubts in my mind that academically, Richard has the ability, drive and

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018/023

-2-

determination to do well. As far as becoming a sensitive and compassionate healer, Richard is a natural and could serve as a model for all medical students.

As a physician and as a friend, I am proud and confident in recommending Richard Katz for admission to the SUNY Health Science Center at Brooklyn.

Lewis J. Kass, M.D.

Post-doctoral Fellow
(Downstate '91)

12/21/88 12:39 FAX 718 286 7750

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019/023

PARSONS

SCHOOL OF DESIGN

65 FIFTH AVENUE
NEW YORK, NEW YORK 10011
212/741-8953
A DIVISION OF

THE NEW SCHOOL

LESLEY A. CADMAN, Associate Dean

March 14, 1991

Richard Katz
90-50 Union Turnpike #10-G
Glendale, NY 11385

Dear Richard,

It is my pleasure to inform you, on behalf of Dean Olton and the Faculty, that you have been named to the Dean's List for the Fall 1990 semester at Parsons School of Design. This honor is reserved for that small group of students who have earned a grade point average of 3.5 or better.

This recognition will appear on your official transcript and will become part of your permanent record.

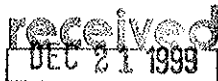
Please accept our sincere congratulations for this accomplishment. Parsons is committed to a tradition of rigor and excellence, and it is enormously gratifying to know that you have met or exceeded these standards.

You have our best wishes for continued success in your academic and professional pursuits.

Sincerely yours,



Lesley A. Cadman
Associate Dean



StMatt 028

12/21/09 12:38 FAX 718 288 7750

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017/023

CARL S. GOODMAN, D.O.

151 East 31st Street #18F
 New York, N.Y. 10016
 Home 212-889-8086
 Fax 212-545-1883
 Pager 917-448-2556
 Email CSGoodman@ix.netcom.com

October 7, 1997

Michael J. Schaefer
 Director of Admissions
 New York College of Osteopathic Medicine
 Old Westbury, NY 11568

Dear Mr. Schaefer,

It is with great pleasure I write a letter of recommendation on behalf of applicant Richard D. Katz. I have known Richard for approximately two and a half years as a colleague and friend at the Elmhurst Hospital Center in Elmhurst, Queens. About a year ago Richard pulled me aside and asked me what I thought about being a doctor. I was impressed that he actively sought out information about the Osteopathic profession. Immediately, I knew he was sincerely interested in pursuing a career in medicine.

Rich is unique in that his interest in medicine has been sparked by circumstance, working as a registration clerk at Elmhurst Hospital to assist in paying off his college loans. Richard persisted in exploring my desires to become a physician and getting a full understanding of what is involved in the long road ahead. With the information provided by others as well as myself, he began his journey and started preparing for the Medical College Admissions Test. During this time he has consistently been enthusiastic about his goals. Despite the rigorous premed requirements, Rich has always been one of the hardest working, sensitive, reliable and articulate people I work with. There is no doubt in my mind that Rich will become a fine physician who understands not only the science of medicine, but the art of medicine. His artistic roots and experience with art therapy will only enhance his ability to address the emotional needs of the patient as well, fully integrating Andrew Taylor Stills first principle that the body is a unit.

Blending his creativity and background in fine arts and his ambition to become a physician will surely allow him to succeed in the rigorous academic environment of medical school. Additionally, these qualities make him especially suited to pursue an osteopathic education. It is without hesitation that Richard D. Katz be given strong consideration for admission to The New York College of Osteopathic Medicine Class of 2002. I would welcome him as a fellow alumni and colleague.

If you have any questions, please feel free to call me at (212) 889-8086.

Very truly yours,

Carl S. Goodman, D.O.
 NYCOM Class of 1994

Received
 DEC 21 1999

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12/21/89 12:34 FAX 718 286 7750

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009/023



MIDWESTERN UNIVERSITY

GLENDALE CAMPUS

19555 N. 59th Avenue
Glendale, Arizona 85308

ARIZONA COLLEGE OF OSTEOPATHIC MEDICINE
OFFICE OF THE DEAN
Phone: 602/572-3300
Fax: 602/572-3226

New York College of Osteopathic Medicine
Office of Admissions
Att: Dr. Micheal Schaefer
Box 170, Wheatley Road
Old Westbury, New York
11568

September 15, 1997

Dear Dr. Schaefer:

It is my utmost pleasure to recommend Richard D. Katz for admission to NYCOM. I have known Mr. Katz for approximately five years and have had the pleasure to interact with him in a personal and professional setting. During this time he has always been respectful, refined, and dependable. He has been inquisitive with regard to our Osteopathic Principles and Practices and his philosophy is analogous to ours. Richard is a flawless blend of creativity, intellect and compassion.

As a NYCOM graduate, I endorse Richard D. Katz for admission without hesitation. As member of the clinical faculty and admissions committee at the Arizona College of Osteopathic Medicine, I have encouraged Richard to attend AZCOM, for if the choice were solely mine he would be accepted without reservation. Regardless of Mr. Katz's medical school selection, upon completion of his training, he will be a physician that we will all beg to care for our loved ones.

Please feel free to contact me should any questions arise.

Sincerely,

Frank LoVecchio, DO
Assistant Professor AZCOM & CCOM
Course Director, Clinical Correlations MS II

received

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KINKO'S COPIES QUEENS

010/023

Mr. Michael Schaffer
 Director of Admissions
 New York College of Osteopathic Medicine
 Wheatley Road, Box 170
 Old Westbury, NY 11568
 September 10, 1997

Dear Mr. Schaffer,

I am writing this letter on behalf of Mr. Richard Katz who is applying for admission to the class of 2002.

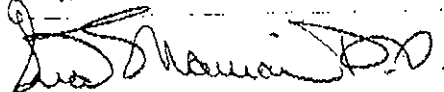
I have known Mr. Katz for approximately 4 years in his capacity as unit clerk in the Department of Emergency Medicine at Elmhurst Hospital Center in Queens. In that time I have found him to be an effective and competent member of the Emergency room staff. The Emergency Department at Elmhurst Hospital Center sees approximately 160,000 patients per year. In addition to being a level I Trauma center, Elmhurst is a center for coronary care. His job is complicated and difficult at best, yet he always remains courteous, helpful and able to problem solve as the need arises.

While getting to know Mr. Katz I learned that he started his academic career as an art major at The Parson's School of Design in New York City. He initially started at Elmhurst hospital in order to support himself during his college years. The job at Elmhurst opened a whole new world to him. Medicine peaked a new curiosity for him and he realized the gravity, obligation and dedication in becoming a physician. Mr. Katz always asks insightful questions regarding my practice of medicine as well as my choice in Osteopathy. In addition, I too served as a unit clerk prior to entering NYCOM and feel that I had an upper hand when entering my clinical years because I was not a novice to the workings of a hospital. This experience will serve as an excellent starting point for Mr. Katz upon entrance to medical school.

Mr. Katz has a genuine interest in the philosophy of Osteopathic medicine and has hopes of pursuing a career in primary care, particularly in an underserved area such as Elmhurst, Queens.

For these reasons I am asking that Mr. Katz be considered strongly for the academic year of 1998. He has many of the qualities that would make him an exceptional Osteopathic physician.

Sincerely,



Gina Belli Maniar D.O.
 President, Class of 1994, New York College of Osteopathic Medicine
 Chief Resident in Emergency Medicine
 The Mount Sinai School of Medicine Integrated Program in Emergency Medicine
 at Beth Israel and Elmhurst Hospital Center

received
 DEC 21 1999

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12/21/99 12:32 FAX 718 296 7750

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003/023

Richard Katz
055-70-7526

Some people thought I was crazy for even attempting what I did after graduating with a bachelor in Fine Arts. I worked seven days a week for an entire year to earn enough money to pay off my educational debts and begin my premedical course work as early as possible.

My passage from the arts to medicine began with a fortuitous part-time job. When I first started college, I took a job from noon till midnight every Saturday and Sunday as a registration clerk in the emergency department at Elmhurst Hospital Center. Originally, I had begun working at the hospital to earn some extra money. However, during my sophomore year in college, I came to the realization that I loved my job in the hospital, not because of what I was doing, but because I was becoming more and more aware of the crucial role the physicians played in their patients' health and lives. At the same time, I realized that I truly enjoyed working with the multi-ethnic population of the world's most diverse neighborhood in the Elmhurst area of Queens, New York. While I knew that I would always enjoy working in this environment, I also knew that I would not be content to remain merely an interested observer. Gradually, I felt more and more driven to reach the height of my capabilities and become a physician myself.

From an artistic point of view, I had already achieved my goal of developing a facility of expression in my own artistic language. These were the areas that came most naturally and easily to me. Now, I felt compelled to step away from the comfortable world of the arts and conquer the challenge of the sciences.

Once I made my decision to pursue medicine, I began talking to the physicians in the emergency department about the rigors of medical training. Although most of them were supportive, at least one advised me to quit now, because the years of training were

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long and tough, and it only became more difficult the farther one progressed. For a while,

I considered everything I had been told about medical school and residency training. I had seen how hard the doctors worked at my hospital and knew that I could look forward to long years of hard study and even harder work later. I decided to work with some patients directly and discover for myself whether the rewards would be worth the years of work.

I had my first taste of working with patients personally when I volunteered in the adolescent and pediatric psychiatric units of Elmhurst Hospital facilitating therapeutic art projects. My goals were to nurture the creativity that is present in all young minds that simply needs encouragement to find its expression. Often I organized group art assignments, suggesting an abstract, more liberating form which reduced the patients' self consciousness. The results were often striking, both artistically and therapeutically.

In the summer of 1998, I was promoted and left the department of emergency medicine to work as a psychiatric case worker in Elmhurst Hospital Centers in the department of psychiatry. I decided to accept this position because I wanted to broaden my clinical understanding by interacting and establishing therapeutic relationships with patients who were in need of acute psychiatric care. By working in collaboration with nurses, clinical psychologists and psychiatrists, I was responsible for developing and leading milieu groups for an adult population. I feel it was my creativity along with strong communication skills that enabled me to lead groups that were proving to be an effective modality in the rehabilitation process.

In conclusion, I feel I have developed a passion for working with patients. This is what motivated me to search for methods of relating to each and every patient in which I

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had come in contact with. With the study of the arts and humanities, one develops a quality that allows him/her to remain human in the midst of the most difficult and inhumane circumstances. It is the combination of this empathy with an analytic detachment which makes the best physicians allowing them to treat a patients medical problem accurately and decisively, but to treat the patients themselves with the dignity and humanity they deserve. Such physicians are in touch with people and the world around them in a way that physicians without such a richer experience cannot imagine. When I finish my medical training, I too, will be one of those physicians who combines the best that both the arts and sciences have to offer for the betterment of my world, my patients, and myself.



St. Matthew's University School of Medicine
San Pedro, Ambergris Caye, Belize

Jeffrey S. Sorsland, M.D.
President &
Chief Executive Officer

December 29, 1999

Jerry W. Thornton, Ph.D.
Vice President &
Chief Operating Officer

Mary Beth Downs, Ph.D.
Vice President of Research
and Development

Renee M. Sorsland, M.D.
Vice President of
University Services

Ronald E. Pynn, Ph.D.
Dean of Academic Affairs

Caron L. Rossier-Morris, Ph.D.
Director of Student Affairs

Joyce A. Nuñez, B.B.A.
Registrar

Liz Cechini, C.A.
Chief Financial Officer

Mr. Richard Katz
90-50- Union Tpke. Apt.#18H
Glendale, NY 11385

Dear Mr. Katz,

St. Matthew's University School of Medicine in San Pedro, Ambergris Caye, Belize, has accepted your application to the spring semester of medical studies which will begin with orientation on January 10, 2000. The conditions of your acceptance are listed on the enclosed Formal Acceptance Document.

If you have been conditionally accepted, you will have one calendar year to complete the documentation necessary to satisfy your conditions. If the conditions have not satisfactorily been met at the end of that time frame, you will be dismissed from the University.

To acknowledge your acceptance of this enrollment agreement and to reserve your seat in the spring semester, you will need to send the \$500 nonrefundable* deposit which will be applied to your first semester tuition to: St. Matthew's University, 1005 W. College Blvd., Niceville, Florida 32578. Please note that if your deposit is not received within thirty days of the date of receipt of this letter, your acceptance may be voided.

Congratulations upon your acceptance and I wish you success with your educational endeavors at St. Matthew's University School of Medicine and your future career in medicine!

Sincerely,

A handwritten signature in cursive script that reads "Jerry W. Thornton Ph.D.".

Jerry W. Thornton, Ph.D.
Vice President

JWT:eml
enclosures

* Please see St. Matthew's University Refund Policy (attached)

St. Matthew's University
United States Office
1005 West College Boulevard, Suite B
Niceville, Florida 32578

Telephone: 800-498-9700
Facsimile: 800-565-7177
Website: www.stmatthews.edu
E-mail: admissions@stmatthews.edu



St. Matthew's University : School of Medicine
San Pedro, Ambergris Caye, Belize

Jeffrey S. Serstand, M.D.
President &
Chief Executive Officer

Jerry W. Thornton, Ph.D.
Vice President &
Chief Operating Officer

Mary Beth Downs, Ph.D.
Vice President of Research
and Development

Ronae M. Serstand, M.D.
Vice President of
University Services

Ronald E. Pynn, Ph.D.
Dean of Academic Affairs

Caren L. Rosser-Morris, Ph.D.
Director of Student Affairs

Joyce A. Nuñez, B.B.A.
Registrar

Liz Cechini, C.A.
Chief Financial Officer

CERTIFICATE OF ACCEPTANCE

Mr. Richard D. Katz

90-50 Union Tpke., Apt.#18H
Glendale, NY 11385

is hereby granted

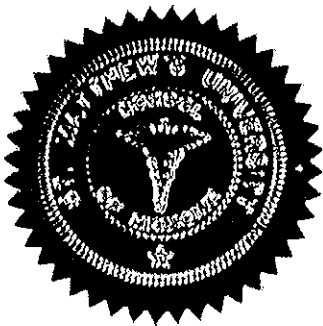
☐ Unconditional Acceptance

☒ Conditional Acceptance

into the M.D. program for the ****First Semester**** beginning January 10, 2000.

Contingent upon receipt of official transcripts, and 6 passport size photos.

We congratulate you on your choice of a career in medicine and trust
that St. Matthew's University will meet your expectations.



Jerry W. Thornton Ph.D.
Authorized Signature

December 29, 1999
Date

St. Matthew's University
United States Office
1005 West College Boulevard, Suite B
Niceville, Florida 32578

Telephone: 800-498-9700
Facsimile: 800-565-7177
Website: www.stmatthews.edu
E-mail: admissions@stmatthews.edu

StMatt 039



DEPARTMENT OF VETERANS AFFAIRS
Medical Center (632)
79 Middleville Road
Northport NY 11768-2290

In Reply Refer To:

D. Katz's

Ashraf Abaza, M.D.
Diplomat of American Board of Psychiatry and
Neurology.
Assistant professor of psychiatry, Stony Brook
University hospital, Stony Brook, New York.

New York , 2/13/2004.

To Residency training director:

Dear Sir/ Madam :

I'm writing this letter in support of Richard Katz's application for residency training at your institute. I have known Dr Katz, who is a 4th year medical student, during his clinical clerkship in Psychiatry at Northport VA medical center in my capacity as coordinator of students and residents training as well as coordinator of psychiatric consultation and Electroconvulsive therapy services at this VA medical center.

I have had near daily contact with Richard who regularly attended ECT treatments in our O.R. three times per week. I also had an opportunity to review feedback on him by our clinical and nursing staff on the inpatient unit. I would like to state that I found him to be a hard working student , who demonstrated Personal and professional maturity while dealing with patients receiving ECT. He also displayed a healthy degree of scientific curiosity and willingness to learn new information and apply them soundly into clinical care of patients. His discussions of various psychopathological manifestations of mental and physical illnesses showed a level of maturity and complexity that I usually see in residents who are about to finish up their training .

He was also punctual and professional in appearance and in dealing with patients families and ancillary staff on the units, and functioned very well as a member of the psychiatric interdisciplinary team.

I highly recommend Dr Katz to fill a residency training position at your program and predict he will be an asset to your institute .

Please call me if you need additional information. Thanks you.

A handwritten signature in dark ink, appearing to read "Ashraf Abaza".

Ashraf Abaza , M.D.

St Christopher's 034



February 13, 2004

DEPARTMENT OF VETERANS AFFAIRS

Medical Center (632)
79 Middleville Road
Northport NY 11768-2290

To Whom It May Concern:

In Reply Refer To:

I had the pleasure to supervise Richard Katz during a rotation at the Northport, New York VA Medical Center on Acute Inpatient Psychiatry from 1/5/04 to 2/13/04. Mr. Katz is an exceptional student who I would highly recommend without reservation for a psychiatric or other residency program. He is a mature, responsible and very bright student who was an asset to the treatment team on acute psychiatry. He was very comfortable in interviewing patients who were acutely ill and was able to gather pertinent history, perform a thorough exam and intervene in a direct and therapeutic manner.

Mr. Katz excelled in all areas of performance during this rotation, but most noteworthy is the genuine interest he showed in all aspects of his patients' care needs. He was always knowledgeable of each patient's status and followed through on necessary tests, orders and consultations independently. He functioned at least as well as many PGY 1 or 2 residents.

I would say that Mr. Katz has a natural ability in psychiatric practice and he would be an asset to the field. However, his strengths would make him an excellent candidate for any residency program to which he applies.

Sincerely,

A handwritten signature in dark ink, appearing to read "Charlene Thomesen".

Charlene Thomesen M.D.

Associate Chief of Staff

VAMC Northport

79 Middleville Rd. #116A

Northport, New York 11768

631-754-7963

St Christopher's 035

St. Christopher's

College of Medicine

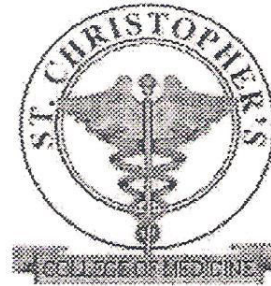
Department of Clinical Sciences

2350 South Avenue 1819 Front St.

Scotch Plains, NJ 07076

(888) 728-0100

Fax: (908) 301-1229



 Medical Student Evaluation Form

Richard Katz

Student Name

Psychiatry (Core)

Clinical Rotation

Begin: 01/05/04 End: 02/13/04

Dates of Rotation

Charlene Thomsen MD

Attending/Supervising Physician

CategoryCommentsKnowledge of Pathophysiology 65 70 75 80 85 90 (95) 100Excellent basic science +
clinical medicine
knowledge base.Diagnosis 65 70 75 80 85 (90) 95 100Therapeutics 65 70 75 80 85 (90) 95 100Physical Diagnosis Skills 65 70 75 80 85 (90) 95 100Data Gathering & Interviewing Skills 65 70 75 80 85 90 (95) 100Superior interviewing
skills + therapeutic
interventionsChart Work 65 70 75 80 85 90 (95) 100Excellent + thorough
charting.

Treatment & Implementation 65 70 75 80 85 90 95 100

Rapport with Staff & Patients 65 70 75 80 85 90 95 100

Responsibility 65 70 75 80 85 90 95 100

Interests 65 70 75 80 85 90 95 100

Overall Progress During rotation 65 70 75 80 85 90 95 100


Well-liked by patients & Staff

Exceptionally dependable. Followed all care needs of patients closely & independently

Truly outstanding student.

Please return this evaluation to: St. Christopher's College of Medicine
Department of Clinical Sciences
~~2550 South Avenue~~ 1819 Front St.
Scotch Plains, NJ 07076

Richard Katz
Student Name
Psychiatry
Clinical Rotation


Signature of Supervisor/Attending Physician

2/13/02/
Date

Name of Physician: Charlene Thompson MD

Hospital Name: VA Hospital - Northport

Address: 79 Middleville Rd #116A
Northport, NY
11768

Comments for Dean's Letter:

Separate letter of recommendation provided.



DEPARTMENT OF VETERANS AFFAIRS

Medical Center (632)
79 Middleville Road
Northport NY 11768-2290

In Reply Refer To:

February 5, 2004

re: Richard Katz

It is my pleasure to write this letter of support on behalf of Richard Katz, who is completing Medicine rotations at our medical center as a visiting student. Richard has already finished 3 months on a medical inpatient unit (March 3 – June 2, 2003), 5 weeks in an ambulatory care setting (Sept 8 – Oct 17, 2003), 5+ weeks on Cardiology (Oct 20 – Nov 30, 2003). He is planning to do additional rotations on Endocrinology (April 5 – 23, 2004) and Infectious Diseases (April 26 – May 14, 2004). He also attended our daily Morning Report and housestaff teaching conferences as part of his educational program.

Richard has a plethora of evaluations, most in the range of 'highly satisfactory' with several ratings of 'outstanding'. He is conscientious, reliable, and easy to work with. His fund of knowledge is above average and growing. It is a pleasure having him at our facility.

Sincerely,

A handwritten signature in cursive script, likely of Mark L. Graber, is positioned above the typed name.

Mark L. Graber, M.D., F.A.C.P.
Chief, Medical Service
Northport VAMC
516 261-4400 ext 2667

Professor and Assoc. Chair
Department of Medicine
SUNY at Stony Brook, New York

file: MG Med C:\WPFiles\Recs\Katz

St Christopher's 036

St. Christopher's College of Medicine

Department of Clinical Sciences
1819 Front Street
Scotch Plains
NJ 07076

Phone (908)322-5757
Fax (908)322-6798



Park Square Chambers
12-14 Park Street
Luton LU1 3EP
United Kingdom

Phone 44 1582 400 466

Fax 44 1582 400 422

Medical Student Evaluation Form

Richard D. Katz

Student Name

Endocrine (Elective) 6 wks.

Clinical Rotation

Begin: 04/05/04 End: 05/14/04
Dates of Rotation

Anoop Kapoor, MD

Attending/Supervising Physician

Category

Comments

Knowledge of Pathophysiology 65 70 75 80 85 90 95 100

Diagnosis 65 70 75 80 85 90 95 100

Therapeutics 65 70 75 80 85 90 95 100

Physical Diagnosis Skills 65 70 75 80 85 90 95 100

Data Gathering & Interviewing Skills 65 70 75 80 85 90 95 100

Chart Work 65 70 75 80 85 90 95 100

Treatment & Implementation 65 70 75 80 85 90 95 100

Rapport with Staff & Patients 65 70 75 80 85 90 95 100

St Christopher's 072

Responsibility 65 70 75 80 85 90 95 100 _____

Interests 65 70 75 80 85 90 95 100 _____

Overall Progress 65 70 75 80 85 90 95 100 _____
During rotation

Richard is an excellent student, who is very much interested in endocrinology and was admired by patients

Please mail to:

*St. Christopher's College of Medicine
Dept. of Clinical Services
1814 Front St. Scotch Plains, NJ
07076*

[Signature]

Signature of Supervisor/Attending Physician

Richard D. Katz

Student Name

Endocrine (Elective)

Clinical Rotation

5-13-04

Date

Name of Physician: _____



Northport

Department of Veterans Affairs
Medical Center
79 Middleville Road
Northport, New York 11768

631-261-4400 (Main Number)

Comments for Dean's Letter:

[Stamp]

St Christopher's 074



DEPARTMENT OF VETERANS AFFAIRS

Medical Center (632)
79 Middleville Road
Northport NY 11768-2290

In Reply Refer To:

March 8, 2004

St. Christopher's College of Medicine
Dept. of Clinical Science US Field Service
1819 Front Street
Scotch Plains, New Jersey 07076

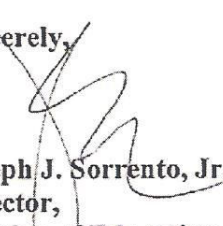
Dear Program Director:

I have been asked to write a letter for Richard Katz who is applying for a position in your residency. I came to know Richard as he rotated here on the Surgical Service of the VA Medical center at Northport, NY. I came to know him well. He is a hard-working, energetic, enthusiastic student with whom it was a pleasure to work. He has a pleasant personality and gets along well with colleagues, his teachers and other health care professionals. He is well thought of by the patients with whom he had warm and caring relationships. He has an above average knowledge base and a sophisticated ability to apply it.

On a more personal level, he is an interesting person who has had a prior career in the arts and has a broad range of interests outside of medicine.

In summary, this is a student who is bright, honest, conscientious, hard working and energetic; he will be an asset to your residency. I recommend him strongly for acceptance into your program.

Sincerely,


Joseph J. Sorrento, Jr. MD
Director,
Division of Education
Department of Surgery
School of Medicine
State University of New York at Stony Brook

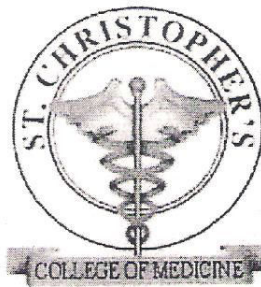
St Christopher's 032

St. Christopher'sCollege of Medicine
Department of Clinical Sciences~~2350 South Avenue~~ 1819 Front St

Scotch Plains, NJ 07076

(888) 728-0100

Fax: (908) 301-1229



.....

Medical Student Evaluation Form

.....

Richard KATZ

Student Name

Surgical

Clinical Rotation

Begin: June End: August 2003

Dates of Rotation

Joseph Sorrento MD

Attending/Supervising Physician

CategoryComments

Knowledge of Pathophysiology 65 70 75 80 85 (90) 95 100

Diagnosis 65 70 75 80 85 (90) 95 100

Therapeutics 65 70 75 80 85 (90) 95 100

Physical Diagnosis Skills 65 70 75 80 85 90 (95) 100

Data Gathering & Interviewing Skills 65 70 75 80 85 90 (95) 100

Chart Work 65 70 75 80 85 (90) 95 100

Treatment & Implementation 65 70 75 80 85 90 95 100 _____

Rapport with Staff & Patients 65 70 75 80 85 90 95 100 _____

Responsibility 65 70 75 80 85 90 95 100 _____

Interests 65 70 75 80 85 90 95 100 _____

Overall Progress During rotation 65 70 75 80 85 90 95 100 _____

Please return this evaluation to: St. Christopher's College of Medicine
Department of Clinical Sciences
2350 South Avenue
Scotch Plains, NJ 07076

Student Name

Clinical Rotation



Signature of Supervisor/Attending Physician

Date

Name of Physician: _____

Hospital Name: _____

Address: _____

Comments for Dean's Letter:

Richard was an extremely hardworking and energetic individual who easily fit into the surgical service. He put in extra time above and beyond what was required and showed a genuine interest and enthusiasm for surgery. His knowledge base was excellent as was his ability to apply it in clinical situations.

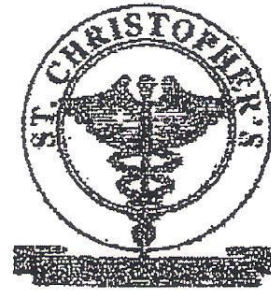
St Christopher's 060

Nov. 24, 2003 3:42PM

No. 3647 P. 1

St. Christopher's

College of Medicine
Department of Clinical Sciences
2350 South Avenue
Scotch Plains, NJ 07076
(888) 728-0100 Fax: (908) 301-1229



Medical Student Evaluation Form

Richard Katz
Student Name

AMBULATORY MEDICINE
Clinical Rotation

Begin: 9/6/03 End: 10/17/03
Dates of Rotation

PAULA SCHLOSSBERG MD
Attending/Supervising Physician

CategoryComments

Knowledge of Pathophysiology 65 70 75 80 85 (90) 95 100

Still requires a little work

Diagnosis 65 70 75 80 85 90 (95) 100

Capable of good differential diagnosis

Therapeutics 65 70 75 80 85 90 (95) 100

Physical Diagnosis Skills 65 70 75 80 85 90 95 (100)

Started out good → progressed nicely → now even better!

Data Gathering & Interviewing Skills 65 70 75 80 85 90 95 (100)

Chart Work 65 70 75 80 85 90 95 (100)

Paula Schlossberg MD 1/3

Nov. 24, 2003 3:42PM

No. 3647 P. 2

Treatment & Implementation 65 70 75 80 85 90 (95) 100

Rapport with Staff & Patients 65 70 75 80 85 90 95 (100)

Positive feedback from various staff members how "it was a pleasure to work with him"

Responsibility 65 70 75 80 85 90 95 (100)

Interests 65 70 75 80 85 90 95 (100)

Excellent level of interest

Overall Progress During rotation 65 70 75 80 85 90 95 (100)

Please return this evaluation to: St. Christopher's College of Medicine
Department of Clinical Sciences
2350 South Avenue
Scotch Plains, NJ 07076

Richard Katz

Student Name

Ambulatory Medicine

Clinical Rotation

Paula Schuberger
Signature of Supervisor/Attending Physician

11/20/03

Date

Name of Physician: Paula Schuberger

Hospital Name: Northport Veterans

Address: 79 Middleville Rd
Northport, VA NY 11768

Comments for Dean's Letter:

Richard is a very conscientious student. He is very eager to learn. He is prompt, courteous & works well with staff. He is a team member. He has outstanding interviewing techniques. He quickly develops an easy rapport, even with the most challenging patients. His physical diagnosis skills are advanced, & further proof of progression was evident throughout the elective. Richard is

Nov. 24. 2003 3:42PM

No. 3647 P. 3

differential diagnosis, and ultimately a ^{ERRATA} ~~diag~~ ^(P2) diagnosis.
He is able to use learned concepts to provide
medical management. Richard will make an outstanding
house officer and will make a great addition to any
hospital he may affiliate with.

Paul Lehman 3/3

St. Christopher's

College of Medicine

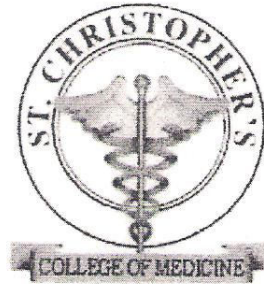
Department of Clinical Sciences

~~2350 South Avenue~~ 1819 Front St.

Scotch Plains, NJ 07076

(888) 728-0100

Fax: (908) 301-1229



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Medical Student Evaluation Form

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Richard D. Katz

Student Name

Geriatric Psychiatry

Clinical Rotation

Begin: 02/16/04 End: 03/26/04

Dates of Rotation

Philip J. Pecoraro

Attending/Supervising Physician

CategoryComments

Knowledge of Pathophysiology 65 70 75 80 85 90 (95) 100

Diagnosis 65 70 75 80 85 (90) 95 100

Therapeutics 65 70 75 80 85 90 95 (100)

Physical Diagnosis Skills 65 70 75 80 85 90 95 (100)

Data Gathering & Interviewing Skills 65 70 75 80 85 90 (95) 100

Chart Work 65 70 75 80 85 90 95 (100)

Good interpretation of basic scientific knowledge with clinical skills/acumen.

Requires some additional study of DSM-IV nomenclature.

Presents case material & summarizes consultative work at level of an attending physician.

Treatment & Implementation 65 70 75 80 85 (90) 95 100

Rapport with Staff & Patients 65 70 75 80 85 90 95 (100)

Responsibility 65 70 75 80 85 90 95 (100)

Interests 65 70 75 80 85 90 (95) 100

Overall Progress During rotation 65 70 75 80 85 (90) 95 100

Superb. Excellent bedside manner. Compassionate.

Best among psychiatric students I've worked with.

Excellent student. Would be honored to teach other students from your institution.

Please return this evaluation to: St. Christopher's College of Medicine
Department of Clinical Sciences
2350 South Avenue
Scotch Plains, NJ 07076

Richard D. Katz

Student Name

Psychiatry (Geriatric)

Clinical Rotation

Philip J. Pecuraro M.D.
Signature of Supervisor/Attending Physician

03-26-04

Date

Name of Physician: PHILIP J. PECURARO M.D.

Hospital Name: NORTHPORT VETERANS ADMINISTRATION Hosp

Address: 79 MIDDLEVILLE ROAD

79 MIDDLEVILLE RD.

NORTHPORT, NY. 11768

Comments for Dean's Letter:

Very mature student with well-developed clinical skills. He is well-prepared for internship.

St. Christopher's

College of Medicine
Department of Clinical Sciences

P.O. Box 7038

Naples, FL 34101-7038

(888) 728-0100 Fax: (941) 434-0034



Medical Student Evaluation Form

Richard Katz

Student Name

Ob/Gyn

Clinical Rotation

Begin: 5/13/02 End: 6/24/02

Dates of Rotation

Henry Lam, M.D.

Attending/Supervising Physician

Category

Comments

Knowledge of Pathophysiology 65 70 75 80 85 90 95 100

Diagnosis 65 70 75 80 85 90 95 100

Therapeutics 65 70 75 80 85 90 95 100

Physical Diagnosis Skills 65 70 75 80 85 90 95 100

Data Gathering & Interviewing Skills 65 70 75 80 85 90 95 100

Chart Work 65 70 75 80 85 90 95 100

St Christopher's 055

Treatment & Implementation 65 70 75 80 85 90 95 100

Rapport with Staff & Patients 65 70 75 80 85 90 95 100

Responsibility 65 70 75 80 85 90 95 100

Interests 65 70 75 80 85 90 95 100

Overall Progress During rotation 65 70 75 80 85 90 95 100

Please return this evaluation to: St. Christopher's College of Medicine
Department of Clinical Sciences
P.O. Box 7038
Naples, FL 34101-7038

Richard Katz
Student Name

Ob/Gyn
Clinical Rotation

Henry Lan

Signature of Supervisor/Attending Physician

7/26/02
Date

Hospital Name: Flushing Hospital Medical Center
Address 45th Avenue at Parsons Blvd.
Flushing, NY 11355

Comments for Dean's Letter:

Richard is a very good medical student. He has a very good Ob/Gyn knowledge + developed an excellent relationship with the patients + staff. He gotten a high Pass in his oral exam. Overall, his grade for the rotation is a High Pass

MA

St Christopher's 056